

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	9, h		12/27/93
O.I.P.E. CLASSIFIER	Bm	32	1/1/94
FORMALITY REVIEW	TA	71621	1/14/94

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	12/27/93
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Claim	Date
Final	Original
51	12/27/93
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
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